

GERALD VONTOBEL
Name
P.O. BOX 7000 NNCC.
CARSON CITY, NV. 89702
86814
Prison Number

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

GERALD VONTOBEL,
Plaintiff,

vs.
DR. JOHNS, MD
DR. LONG, MD
MELISSA MITCHELL, RN
SEE: PAGES NO. 2, 2A, AND
3 FOR ADDITIONAL DEFENDANTS
Defendant(s).

CASE NO. _____
(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
PURSUANT TO
42 U.S.C. § 1983

JURY TRIAL DEMANDED

A. JURISDICTION

1) This complaint alleges that the civil rights of Plaintiff, GERALD VONTOBEL
(Print Plaintiff's name)

who presently resides at NORTHERN NEVADA CORRECTIONAL CENTER, were

violated by the actions of the below named individuals which were directed against

Plaintiff at NNCC, CARSON CITY on the following dates
(institution/city where violation occurred)

DEC. 7, 2015, _____, and _____
(Count I) (Count II) (Count III)

Make a copy of this page to provide the below
information if you are naming more than five (5) defendants

- 2) Defendant RONED ARANAS resides at P.O. BOX 7000 - NNCC.
(full name of first defendant) (address if first defendant)
and is employed as MEDICAL DIRECTOR, M.D.. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: AT ALL TIMES RELEVANT HERETO RONED ARANAS WAS EMPLOYED
BY THE NDDC - NNCC - RMF AS MEDICAL DIRECTOR AT RMF - NNCC.

- 3) Defendant CANDANCE BRODSWAY resides at P.O. BOX 7000 - NNCC.
(full name of first defendant) (address if first defendant)
and is employed as REGISTERED NURSE, CN. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: AT ALL TIMES RELEVANT HERETO CANDANCE BRODSWAY
WAS EMPLOYED AS REGISTERED NURSE AT RMF - NNCC, BY NDDC.

- 4) Defendant JANE DOE resides at P.O. BOX 7000 - NNCC.
(full name of first defendant) (address if first defendant)
and is employed as NURSE. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: AT ALL TIMES RELEVANT HERETO JANE DOE WAS EMPLOYED
AS NURSE AT RMF - NNCC, BY NDDC.

- 5) Defendant DR. JOHNS resides at P.O. BOX 7000 - NNCC.
(full name of first defendant) (address if first defendant)
and is employed as MEDICAL DOCTOR, MD. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: AT ALL TIMES RELEVANT HERETO DR. JOHNS WAS EMPLOYED
AS MEDICAL DOCTOR AT RMF - NNCC, BY NDDC.

Make a copy of this page to provide the below
information if you are naming more than five (5) defendants

- 2) Defendant C. LUCAS resides at P.O. BOX 7000 - NNCC,
(full name of first defendant) (address if first defendant)
and is employed as NURSE - RMF. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: AT ALL TIMES RELEVANT HERETO C. LUCAS WAS
EMPLOYED AS NURSE AT RMF - NNCC, BY NDOC.

- 3) Defendant DR. LONG resides at P.O. BOX 7000 - NNCC,
(full name of first defendant) (address if first defendant)
and is employed as MEDICAL DOCTOR, M.D.. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: AT ALL TIMES RELEVANT HERETO DR. LONG WAS
EMPLOYED AS MEDICAL DOCTOR AT RMF - NNCC, BY NDOC.

- 4) Defendant MELISSA MITCHELL resides at P.O. BOX 7000 - NNCC,
(full name of first defendant) (address if first defendant)
and is employed as REGISTERED NURSE. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: AT ALL TIMES RELEVANT HERETO MELISSA MITCHELL
WAS EMPLOYED AS REGISTERED NURSE AT RMF - NNCC, BY NDOC.

- 5) Defendant BRIAN WARD resides at P.O. BOX 7000 - NNCC,
(full name of first defendant) (address if first defendant)
and is employed as GRIEVANCE COORDINATOR - AWP. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: AT ALL TIMES RELEVANT HERETO BRIAN WARD WAS
EMPLOYED AS GRIEVANCE COORDINATOR - AWP AT NNCC, BY NDOC.

- 6) Defendant T. WICKHAM resides at P.O. BOX 7000 - NNCC,
 (full name of first defendant) (address if first defendant)
 and is employed as DIRECTOR OF NURSES. This defendant is sued in his/her
 (defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
 acting

under color of law: AT ALL TIMES RELEVANT HERETO T. WICKMAN WAS
EMPLOYED AS DIRECTOR OF NURSES AT RMF-NNCC, BY NDDC.

- 7) Jurisdiction is invoked pursuant to 28 U.S.C. § 1343 (a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional statutes, list them below.

B. NATURE OF THE CASE

- 1) Briefly state the background of your case.

VONTOBEL IS A NEVADA STATE PRISONER THAT IS
SERVING A LIFE TERM WITH A MANDATORY MINIMUM BEFORE
HE IS ELIGIBLE FOR PAROLE. VONTOBEL ALLEGES THAT HIS
CONSTITUTIONAL RIGHTS WERE VIOLATED BY THE DELIB-
ERATE INDIFFERENCE OF DEFENDANTS REFUSAL TO TAKE CARE
OF HIS MEDICAL NEEDS, WHICH HAS CAUSED HIM UNNECESS-
SARY WANTON INFLECTION OF PAIN AND SUFFERING IN THE
LOSS OF USAGE TO BOTH HIS HANDS. VONTOBEL ALLEGES
THAT SUCCESS ON THE MERITS OF HIS COMPLAINT WOULD NOT
CALL INTO QUESTION THE VALIDITY OF HIS CONFINEMENT, BUT
WOULD ONLY PROCURE MEDICAL TREATMENT TO GAIN USAGE
OF HIS HANDS IN ORDER TO FUNCTION IN EVERY DAY TASKS.

C. CAUSE OF ACTION

COUNT I

The following civil rights has been violated: VONTOBEL'S EIGHT
AMENDMENT WERE VIOLATED, DUE TO DEFENDANTS DELIB-
ERATE INDIFFERENCE IN PROVIDING MEDICAL TREATMENT

Supporting Facts: [Include all fact you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

my PAIN IN my FINGERS AND HANDS WAS brought to DR Johns ATTENTION ON 3-16-15 MEDICAL APPOINTMENT. SHE SAID THAT WAS DR LONGS FIELD AND WOULD SCHEDULE AN APPOINTMENT. MONTHS LATER DR LONG EXPLAINED by DRAWING A diagram ON my hand how the TENDENTS WORKED AND what could be done. HE SAID he COULDN'T do the INJECTIONS Right NOW. AND WOULD SCHEDULE AN APPOINTMENT. AROUND mid JULY I had AN APPOINTMENT with DR WALLS ON A SEPERATE ISSUE. HE SAW my FINGERS AND HANDS, AND EXPLAINED the OPTIONS AND OFFERED to do the INJECTIONS. HE left the ROOM AND CAME BACK with NURSE MALISSA, who SAID he WASN'T SCHEDULED for that PROCEEDURE. ON OR ABOUT 9-9-15 I SAW DOCTOR LONG. HE LOOKED AT my FINGERS AND HANDS AND DETERMINED that it WAS too LATE for INJECTIONS AND I NOW NEEDED SURGERY. IT'S BEEN 9 months AND I AM informed that they CAN ONLY do ONE FINGER AT A TIME. This PAIN is UNBAREABLE AT TIMES, AND it FEELS LIKE my FINGERS ARE BURNING. PLEASE put AN END to this UNNESSASARY SUFFERING..

The following civil rights has been violated: COUNT 1 - CONTINUED:

Supporting Facts: [Include all fact you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

It's now Almost 22 months SINCE my finger and hand tendents has been an issue. I AM SUFFERING EVERYDAY without the PROPER PAIN MEDS. This PAIN I AM SUFFERING for almost 2 YEARS is definitely CRUEL AND UNUSUAL PUNISHMENT. I HAVE FILED AN EMERGENCY GRIEVANCE, with NO help, They tell me to take my MEDS. I AM ON MEDS for my BACK and my PAIN MEDS for my BACK that I RECEIVE ARE NON NARCOTIC for my NERVE damage. I HAVE FILED GRIEVANCES AND MULTIPLE KITES ASKING for help ON 4-7-15 COMPLAINING ABOUT THE PAIN. ON OR ABOUT 5-13-15 I'M ASKING TO SEE DR. LONG for INJECTIONS. ON OR ABOUT 6-30-15 I'M HAVING PROBLEMS Holding my CANE with CONSTANT BURNING PAIN. ON OR ABOUT 7-30-15 I ASK DR. JOHNS to PLEASE SCHEDULE ME for INJECTIONS. FINALLY ON 9-9-15 I HAVE AN APPOINTMENT with DR. LONG, HE THEN TELLS ME that it's BEEN too long SINCE his REQUEST to give ME Shots to RELIEVE the PAIN..

The following civil rights has been violated: COUNT-1 CONTINUED:

Supporting Facts: [Include all fact you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

I WROTE A KITE ON OR ABOUT 12-5-15 COMPLAINING ABOUT MASSIVE PAIN AND SWOLLEN HANDS THROBBING AND BURNING PAIN. ON OR ABOUT 2-1-16 I HAD AN APPOINTMENT WITH DR. WALLS. I ASKED ALMOST BEGGING TO GIVE ME THE SHOTS, HE EXPLAINED IF HE WERE TO GIVE ME THE SHOT NOW MY TENDONS COULD SNAP, AND HE DOES NOT KNOW WHY MY SURGERY HAS NOT BEEN SCHEDULED, ORDERED BY DR LONG. ON OR ABOUT 9-5-16 DR WALLS PUT ME IN FOR SURGERY AGAIN. HE EXAMINED BOTH HANDS AND FINGERS AND TOLD ME HE CAN ONLY DO ONE FINGER AT A TIME AND IT WILL TAKE 3 TO 4 WEEKS TO HEAL, SO MY PAIN AND SUFFERING IS GOING TO GO ON FOR AT LEAST A YEAR AFTER THE FIRST SURGERY. THERE IS A LOT MORE KITES ASKING FOR HELP, TO MANY TO WRITE OUT I WILL GIVE YOU THE DATES, ON OR ABOUT 2-14-16 DR JOHNS EVALUATION, HANDS, FINGERS, 4-16-16 ON OR ABOUT, PAIN MEDS ARE NOT WORKING FOR BACK, FINGERS AND HANDS, ON OR ABOUT, 2-22-16, 4-16-16, 6-12-15, LAST KITE FOR HELP WAS 11-13-16.

D. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

- 1) Have you filed other actions in state or federal courts involving the same or similar facts as involved in this action? ____ Yes X No. If your answer is "Yes", describe each lawsuit. (If more than one, describe the others on an additional page following the below

COUNT-1 CONTINUED:

TELLING DR JOHNS MY HANDS ARE NOT WORKING PROPERLY. I CAN NOT WRITE, HOLD A SPORK IT HURTS TO HOLD MY CANE, WIPE MY ANUS AND MANY OTHER THINGS. THIS IS REDICULESS. PLEASE HELP END MY SUFFERING AND UMILLYATION..

THANK YOU.

RESPECTFULLY SUBMITTED

86814

DATE ~~1-17~~ 1-13-17 N.N.C.C.

outline).

- a) Defendants: C/O RAYMOND ET AL.
- b) Name of court and docket number: USDC #316CV168-RCJ-VPC
- c) Disposition (for example, was the case dismissed, appealed or is it still pending?):
MOOTION FOR VOLUNTARY DISMISSAL, WITHOUT PREJUDICE
- d) Issues raised: COUNT 1- CONDITIONS OF CONFINEMENT,
COUNT 2- DELIBERATE INDIFFERENCE TO A SERIOUS MED-
ICA/NEED, COUNTS 3, 4 - RETALIATION.
- e) Approximate date it was filed: SEPTEMBER, 9, 2016
- f) Approximate date of disposition: DECEMBER, 6, 2016

- 2) Have you filed an action in federal court that was dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted?
___ Yes * No. If your answer is "Yes", describe each lawsuit. (If you had more than three actions dismissed based on the above reasons, describe the others on an additional page following the below outline.)

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim: N/A

- a) Defendants: N/A
- b) Name of court and case number: N/A
- c) The case was dismissed because it was found to be (check one): N/A frivolous
N/A malicious or N/A failed to state a claim upon which relief could be granted.
- d) Issues raised: N/A
- e) Approximate date it was filed: N/A
- f) Approximate date of disposition: N/A

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim: N/A

- a) Defendants: N/A
- b) Name of court and case number: N/A

- c) The case was dismissed because it was found to be (check one): N/A frivolous
N/A malicious or N/A failed to state a claim upon which relief could be granted.
- d) Issues raised: N/A
- e) Approximate date it was filed: N/A
- f) Approximate date of disposition: N/A

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim: N/A

- a) Defendants: N/A
- b) Name of court and case number: N/A
- c) The case was dismissed because it was found to be (check one): N/A frivolous
N/A malicious or N/A failed to state a claim upon which relief could be granted.
- d) Issues raised: N/A
- e) Approximate date it was filed: N/A
- f) Approximate date of disposition: N/A

- 3) Have you attempted to resolve the dispute stated in this action by seeking relief from the proper administrative officials, e.g., have you exhausted available administrative grievance procedures? ☒ Yes ☐ No. If your answer is "No", did you not attempt administrative relief because the dispute involved the validity of a: (1) ☐ disciplinary hearing; (2) ☐ state or federal court decision; (3) ☐ state or federal law or regulation; (4) ☐ parole board decision; or (5) ☐ other _____.

If your answer is "Yes", provide the following information. Grievance Number SEE BELOW.

Date and institution where grievance was filed 12/7/15, 12/12/15 = NNCC.

Response to grievance: EMERGENCY GRIEVANCE, 12/7/15 = ←
DENIED.
GRIEVANCE NUMBER: 20063013715, 12/12/15 = ←
DENIED.

E. REQUEST FOR RELIEF

I believe that I am entitled to the following relief:

- 1 MEDICAL TREATMENT FOR VONTOBEL'S HANDS.
- 2 DAMAGES IN EXCESS ..\$100,000.
- 3 DAMAGES FOR PAIN AND SUFFERING ..\$100,000
- 4 PUNITIVE DAMAGES IN EXCESS ..\$75,000
- 5 DECLARATORY RELIEF, - ~~est~~ Courts Discretion
- 6 INJUNCTIVE RELIEF. " "
- 7 RETURN OF COURT COST THAT ARE RELATED TO THIS LITIGATION.

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

Frank Beraldo #51593
(Name of Person who prepared or helped
prepare this complaint if not Plaintiff)

Gerald Vontobel
(Signature of Plaintiff)

1-13-17
(Date)

(Additional space if needed; identify what is being continued)

DECLARATION OF INMATE ASSISTANCE

(PER NDOC AR 722.04 (11))

I understand that a false statement in this declaration will subject me to the penalties of perjury.

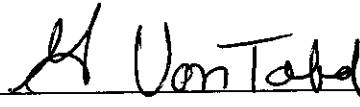
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. (See 28 U.S.C. § 1746 and N.R.S. 208.165)

X I, Inmate: FRANK BERALDO #51593 declare that I assisted in the
(Name & NDOC # of inmate assisting)

preparation of this document for Inmate: X GERALD VONTABEL #
(Name & NDOC # of inmate filing document)

X 
Signature of Inmate Assistant

X 1-3-17
Date


Signature of Assisted Inmate

1-13-17
Date